

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/523011

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		1		
5		0		1		
6		0		1		
7		0		1		
8		0		1		
9		0		1		
10		0		1		
11	1		1			
12		1		1		
13		2		1		
14		2		1		
15		0		1		
16		0		1		
17		0		1		
18	1		1			
19		1		1		
20		1		1		
21		3		1		
22		3		1		
23		3		1		
24	1		1			
25		1		1		
26		1		1		
27		3		1		
28		0		1		
29		0		1		
30		0		1		
31		0		1		
32		0		1		
33	1		1			
34		1		1		
35		2		1		
36		2		1		
37		0		1		
38		0		1		
39	1		1			
40		1		1		
41		1		1		
42		3		1		
43		3		1		
44						
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48						
49						
50						
TOTAL IND.	6		6			
TOTAL DEP.	55		37			
TOTAL CLAIMS	61		43			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						